

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

**IN RE:
ROBERT PARKS
DEBTOR**

CASE NO: 23-30234-SWE-13

REPORT OF (ADJOURNED) SECTION 341 MEETING

General Case Information

Case Information:	<p><u>Hearing Information:</u></p> <p>341 Meeting Date: March 16, 2023</p> <p>Days from Petition: 38 days</p> <p>Original 341 scheduled: Mar 16, 2023</p> <p>Confirmation Hearing set: 4/20/2023</p> <p>No Show/ID NOI Sent:</p> <p>NOI for 1st Pymt Sent:</p>	<p><u>Payment Information:</u></p> <p>Plan Base Amount: \$9,000.00</p> <p>Plan Term: 60 months</p> <p>Current Monthly Payment: \$150.00</p> <p>First Payment Due: Mar 09, 2023</p> <p>Amount Paid to Trustee: \$150.00</p>												
Meeting Information:	<p>Debtor(s) Appeared? Dr 1 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Dr 2 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>ID Checked: <input checked="" type="checkbox"/> Dr 1 <input type="checkbox"/> Dr 2</p> <p>SSN Checked: <input checked="" type="checkbox"/> Dr 1 <input type="checkbox"/> Dr 2</p> <p>Debtor(s) Attorney / Paralegal Appeared? <input checked="" type="checkbox"/></p> <p>Pro Se <input type="checkbox"/></p> <p>Creditor Appeared? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>													
Hearing Status:	<p>341 Meeting Concluded: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Adjourn to: 4/13/2023 to be heard by: Len</p> <p>Reason for adjournment: Debtor testified he is not confident that his schedules are accurate and would like the opportunity to meet with his attorneys again before the 341 meeting.</p> <p><input type="checkbox"/> Debtor unable to connect to Zoom meeting</p> <p>Debtor was asked the standard questions: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Debtor confirmed that all the information contained on the Petition, Schedules, Statement of Financial Affairs, and CMI form was true and correct and needed no changes or additions to make them true and complete.</p> <hr/> <p><input checked="" type="checkbox"/> Objection to Confirmation needed for the following reason:</p> <p><input checked="" type="checkbox"/> 341 Hearing not Concluded</p>													
Notice of Intent to Dismiss Information:	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Failure to Appear:</td> <td><input type="checkbox"/> Dr 1 <input type="checkbox"/> Dr 2</td> <td><input type="checkbox"/> Photo ID: <input type="checkbox"/> Dr 1 <input type="checkbox"/> Dr 2</td> </tr> <tr> <td><input type="checkbox"/> Wage Directive Info:</td> <td><input type="checkbox"/> Dr 1 <input type="checkbox"/> Dr 2</td> <td><input type="checkbox"/> SSN Card: <input type="checkbox"/> Dr 1 <input type="checkbox"/> Dr 2</td> </tr> <tr> <td><input type="checkbox"/> Tax Returns:</td> <td><input type="checkbox"/> Dr 1 <input type="checkbox"/> Dr 2</td> <td><input type="checkbox"/> Paystubs: <input type="checkbox"/> Dr 1 <input type="checkbox"/> Dr 2</td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="2"></td> </tr> </table>		<input type="checkbox"/> Failure to Appear:	<input type="checkbox"/> Dr 1 <input type="checkbox"/> Dr 2	<input type="checkbox"/> Photo ID: <input type="checkbox"/> Dr 1 <input type="checkbox"/> Dr 2	<input type="checkbox"/> Wage Directive Info:	<input type="checkbox"/> Dr 1 <input type="checkbox"/> Dr 2	<input type="checkbox"/> SSN Card: <input type="checkbox"/> Dr 1 <input type="checkbox"/> Dr 2	<input type="checkbox"/> Tax Returns:	<input type="checkbox"/> Dr 1 <input type="checkbox"/> Dr 2	<input type="checkbox"/> Paystubs: <input type="checkbox"/> Dr 1 <input type="checkbox"/> Dr 2	<input type="checkbox"/> Other:		
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<input type="checkbox"/> Tax Returns:	<input type="checkbox"/> Dr 1 <input type="checkbox"/> Dr 2	<input type="checkbox"/> Paystubs: <input type="checkbox"/> Dr 1 <input type="checkbox"/> Dr 2												
<input type="checkbox"/> Other:														
Legal Action	<p><input type="checkbox"/> Trustee's Motion to Transfer Venue Needed:</p>													

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ROBERT PARKS

Needed:	<input type="checkbox"/> Serial Filer: <input type="checkbox"/> Other:
Confirmation Issues	
Best Interest:	Exemptions: <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State - Texas <input type="checkbox"/> State - Other: Exceeds \$189,050.00 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a Value (equity) of non-exempt property (provide detail below): \$56,101.00 Real estate \$54,770, Deposits of money \$1,280 Total Value of Assets listed as Exempt on Schedule C: \$218,055 Improper Exemption: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Explain: Fraudulent Transfer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Explain: <input checked="" type="checkbox"/> Objection to Confirmation needed for the following reason: <input checked="" type="checkbox"/> Best Interest "Not paying Non-Exempt":
Feasibility:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Disposable Income:	Below Median Income Debtor's Projected Monthly Disposable Income: \$182.70 x ACP: 36 = \$6,577.20
Good Faith:	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Petition & Plan Issues:)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insufficient Plan.
Domestic Support Obligation (DSO:)	Is Debtor current on Post Petition DSO? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Tax Returns:	Filed previous 4 years: <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Case:	Is this a Business Case? <input type="checkbox"/> Yes <input type="checkbox"/> No Level:
Civil Enforcement:	<input type="checkbox"/> Petition Preparer was involved <input type="checkbox"/> Debtor attorney fees exceed "Standard fee"
521(a)(1) Information has been filed:	<input type="checkbox"/> List of Creditors <input type="checkbox"/> Statement of Financial Affairs <input type="checkbox"/> CMI Statement <input type="checkbox"/> Dr 1 60 Days Payment Advices <input type="checkbox"/> Schedules A,B,C,D,E,F,G and H <input type="checkbox"/> Dr 2 60 Days Payment Advices <input type="checkbox"/> Schedules I and J
Eligibility:	Certificate of Credit Counseling within 180 days on file <input type="checkbox"/> Yes <input type="checkbox"/> No Provider of Credit Counseling is approved <input type="checkbox"/> Yes <input type="checkbox"/> No Debt limit exceeds maximum (\$2,750,000) <input type="checkbox"/> Yes <input type="checkbox"/> No
Required for Confirmation:	<input type="checkbox"/> Other reason(s) for Objection to Confirmation: <input type="checkbox"/> Additional document(s) required for Confirmation:

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Presiding Officer Information:	The 341 meeting was heard on: 3/16/2023	By: /s/ <u>Len Nary</u> Office of the Standing Chapter 13 Trustee
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